

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

***REVIEW CRITERIA
EFFECTIVE JULY 1, 1993***

***CRITERIA NUMBER 23 - DIAGNOSIS AND OUTPATIENT TREATMENT
OF A SINGLE LUMBAR SPINAL NERVE ROOT ENTRAPMENT***

I. Narrative Description:

A. Herniated Lumbar Disk

II. History/Symptoms:

A. Must meet one of the following:

1. Radicular pain within nerve root distribution; **or**
2. Bowel and bladder dysfunction; **or**
3. Weakness or sensory disturbance in limb

AND

III. Physical Findings:

A. One required to be positive in order to proceed with diagnostic test.

B. Atrophy of calf or thigh; **or**

C. Segmental motor loss; **or**

D. Femoral stretch test positive; **or**

E. Knee or ankle reflex (including posterior tibial) decrease; **or**

F. Sensory loss in distribution of nerve root pattern; **or**

G. Positive straight leg raising producing leg pain confirmed in sitting and supine position

IV. Allowed Diagnostic Testing:

A. Maximum of three tests performed if results negative.

B. Low back x-rays if not done since injury (should precede B through F); **or**

C. CT scan; **or**

D. MRI; **or**

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- E. Myelogram; **or**
- F. Bone scan; **or**
- G. EMG
- H. **NOTE:** F and G above should not be used as the only diagnostic test.

V. **Treatment Measures (Maximum duration of treatment in six months from date of injury):**

- A. Physician office treatment sessions (maximum of 12); **and/or**
- B. Physical therapy (maximum of 42 visits); **and/or**
- C. Occupational therapy (maximum of 6 visits); **and/or**
- D. Chiropractic treatment (maximum of 42 visits); **and/or**
- E. Physical agents (heat/cold, electrical stimulation, traction, biofeedback, iontophoresis/phonophoresis, ultrasound, fluorimethane) maximum of 2 allowed per treatment session - **not allowed if only treatment; and/or**
- F. Lumber Support – **Allowed; and/or**
- G. Epidural steroid injection (maximum of 3); **and/or**
- H. Facet injection (maximum 3); **and/or**
- I. Medications
 - a. Narcotic medication (not over 6 weeks duration in treatment).
 - b. Non-narcotic analgesics, muscle relaxants, nonsteroidal anti-inflammatory drugs - no limit
- J. Rehabilitation referral (patient education, aerobic and job specific exercise, functional capacity test) - **Allowed**
- K. Activities of daily living, joint protection techniques, back pain recovery and prevention
- L. Manual therapy/spinal adjustment/manipulation - **Allowed**

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VI. Special Instructions:

- A. For patient treated by more than one discipline, (physical therapy, occupational therapy, chiropractic etc.) services should not be duplicated.*
- B. The following diagnostic tests are not allowed: Myeloscopy, Discography, and Somatosensory Evoked Potentials Thermography.*

VII. Level of Care Required:

- A. Outpatient*